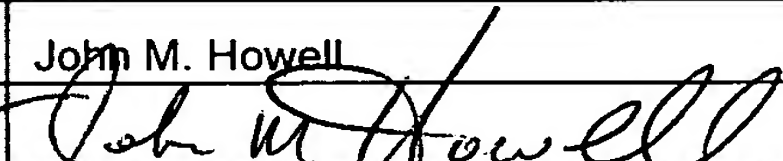


Please type a plus sign (+) inside this box → [+]

PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-002
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	AA598M	
	First Inventor	Minghua (NMN) Chen	
	Assignee	The Procter & Gamble Company	
	Title	Mask Composition Containing Emulsified Liquid Composition	
	Express Mail Label No.	EL990715657US	
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification Total Pages [22] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets [2]		ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 16. <input type="checkbox"/> Other:	
4. Oath or Declaration Total pages [2] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 complete)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).			
5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76			
17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. / Prior application information: Examiner: Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		(Insert Customer No. here) 27752	

Name (Print/Type)	John M. Howell	Registration No. (Attorney/Agent)	33,713
Signature		Date	July 18, 2003

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
(Revised for P&G use 4/7/2003)



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number

Confirmation Number

Filing Date

5/18/2003

First Named Inventor

Minghua (NMN) Chen

Examiner Name

Group/Art Unit

TOTAL AMOUNT OF PAYMENT (\$750.00)

Attorney Docket No.

AA598M

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION

1. BASIC FILING FEE – Large Entity

Code	(\$)	Fee Description	Fee Paid
1001	750	Utility filing fee	[750.00]
1002	330	Design filing fee	[]
1004	750	Reissue filing fee	[]
1005	160	Provisional filing fee	[]
SUBTOTAL (1)			(\$)[750.00]

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity

Total Claims	Extra Claims	Fee from Below	Fee Paid
[13] - 20** =	[0] x	[0]	= [0]

Independent Claims	[01] - 3** =	[0] x	[0]	=	[0]
Multiple Dependent				=	[]

** or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
1202	18	Claims in excess of 20
1201	84	Independent claims in excess of 3
1203	280	Multiple dependent claim, if not paid
1204	84	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[]

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Code	(\$)	Fee Description	Fee Paid
1051	130	Surcharge-late filing fee or oath	[]
1052	50	Surcharge-late provisional filing fee or cover sheet	[]
1053	130	Non-English specification	[]
1812	2,520	For filing a request for <i>ex parte</i> reexamination	[]
1804	920*	Requesting publication of SIR prior to Examiner's action	[]
1805	1,840*	Requesting publication of SIR after Examiner's action	[]
1251	110	Extension for reply within 1 st month	[]
1252	410	Extension for reply within 2 nd month	[]
1253	930	Extension for reply within 3 rd month	[]
1254	1,450	Extension for reply within 4 th month	[]
1255	1,970	Extension for reply within 5 th month	[]
1401	320	Notice of Appeal	[]
1402	320	Filing a brief in support of an appeal	[]
1403	280	Request for oral hearing	[]
1451	1,510	Petition to institute a public use proceeding	[]
1452	110	Petition to revive - unavoidable	[]
1453	1,300	Petition to revive - unintentional	[]
1501	1,300	Utility issue fee (or reissue)	[]
1502	470	Design issue fee	[]
1460	130	Petitions to the Commissioner	[]
1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	[]
1806	180	Submission of Information Disclosure Statement	[]
1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	[]
1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	[]
1801	750	Request for Continued Examination (RCE)	[]
1802	900	Request for expedited examination of a design application	[]
1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	[]
Other fee (specify) _____			[]
Other fee (specify) _____			[]

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$)[]

SUBMITTED BY

Name (Print/Type)

John M. Howell

Registration No.

33,713

Telephone

(513) 626-3792

Signature

Date

July 18, 2003

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